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Bib Data Sheet

CONFIRMATION NO. 8976

<b>SERIAL NUMBER</b> 09/942,942	<b>FILING DATE</b> 08/31/2001 <i>11/8/05</i> <b>RULE</b> <i>R.D.R</i>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 57177-018	
<b>APPLICANTS</b> Robert Kasirer, Beverly Hills, CA; Florian Wieland, Laguna Hills, CA; James Koontz, Diamond Bar, CA; Steve Mayner, Marina del Rey, CA; Carl Strunk, Rancho Palos Verdes, CA; <i>R.D.R 11/8/05</i>					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/230,218 09/01/2000 AND CLAIMS BENEFIT OF 60/265,186 01/30/2001 AND CLAIMS BENEFIT OF 60/282,876 04/11/2001 <i>R.D.R 11/8/05</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/15/2001</b> <i>R.D.R 11/8/05</i>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> MCDERMOTT, WILL & EMERY 600 13th Street, N.W. Washington, DC 20005-3096					
<b>TITLE</b> System, method, and user interface for managing intermediate healthcare facilities over computer networks					
<b>FILING FEE RECEIVED</b> 1194	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		